

ISSUE SLIP STAPLE AREA (for additional copies reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		6-22-99
O.I.P.E. CLASSIFIER		2	6/25/99
FORMALITY REVIEW	MT	66548	7/6/99

# INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 (Through numerals) ..... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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REST AVAILABLE COPY